counted for 1.5 percent of the average cost of admission ($125 of $7974 total cost, 90% CI: $96–$224). Relative to no prophylaxis, the incremental cost per VTE avoided using enoxaparin was $1330 ± 468.
CONCLUSIONS: Acutely ill medical patients are at high risk of VTE with treatment costs ranging from approximately $2500 (outpatient) to $25,000 (inpatient). Chronic care for post-thrombotic syndrome, experienced in 20%-56% of deep vein thrombosis patients further increases the cost burden. This analysis demonstrates that VTE prophylaxis with enoxaparin, in acutely ill medical patients has both economic and clinical benefits.

PCV23

MODELLING THE COSTS OF ILLNESS IN THE MANAGEMENT OF CEREBROVASCULAR ACCIDENTS IN FRANCE

Mègnigbêto A[1], Launois R[1], Giroud M[2], Bail JN[3]
[1]Rees France, Paris, France; [2]Centre Hospitalier Universitaire Dijon, Dijon, France; [3]Glaxo Smith Kline, Marly Le Roi, France

OBJECTIVES: Cerebrovascular accidents (CVA) affect 120,000 French people each year. The aim of the study was to calculate the cost of managing these patients.
METHODS: A Markov model was used in which four clinical conditions were distinguished: first ischaemic event; first cerebral haemorrhage; recurrent ischaemic event; recurrent haemorrhagic event. Three lines of management were identified after hospitalisation: rehabilitation, home, and geriatric institutions. Three levels of incapacity were identified using the Barthel index. Patients' pathways in the health-care system were identified from the only French register (Dijon) related to this disease The specific death rates were calculated at 3, 6, 9 and 12 months. The severity of sequelae was assessed using the Barthel index at 3 and 12 months. The clinical benefit was measured as survival without loss of independence (Barthel 95-100). All of the cost calculations were made from the perspective of the community. Expenditures were discounted at a rate of 5%.
RESULTS: The time horizon used for the model was five years. 54.7% of the patients died during this time. The average incapacity times after hospitalization over the five years were: 70% slight incapacity (Barthel 95-100); 15% moderate incapacity (Barthel 60-90), and 15% severe incapacity (Barthel 0-55). The total cost of managing the 120,000 cases of cerebrovascular accidents was approximately 17 billion francs over the five years following the event. Twenty four percent (4.1 billion FF) of this cost was related to short-term hospitalizations, 16.5% (2.8 billion FF) to admissions to re-education or rehabilitation institutions, 33% (5.6 billion FF) to institutional management, and 26.5% (4.5 billion FF) to looking after patients at home. A sensitivity analysis was conducted specially frequency with which health-care professionals visited the patients at home.
CONCLUSION: This method allows for the calculation of long-term costs of new cases of cerebrovascular accident.

PCV24

COSTS OF HYPERTENSION IN POLAND

Hermanowski T[1], Jaworski R[2], Czech M[2], Pachocki R[2]
[1]Drugs Institute in Warsaw, Warsaw, Poland; [2]Servier Polska, Warsaw, Poland

OBJECTIVE: The aim of the study was to assess the costs and cost distribution of hypertension in Poland and to compare the societal burden of hypertension on an international basis.
METHODS: The time horizon of the analysis was 12 months and a retrospective approach was applied. The direct medical costs of pharmacological treatment, doctor consultations, laboratory and diagnostic tests and hospitalizations were identified and calculated. Indirect costs due to lost productivity were also included in the analysis. All of the cost components were collected with the aid of a cost assessment formula, which was included in the epidemiological protocol.
RESULTS: Based on data collected from 9286 patients, the average cost per hypertensive patient per year was calculated at 1570 PLN. The total burden of hypertension in Poland may reach as much as 14 billion PLN per year. The distribution of total costs is as follows: pharmacological treatment, 10.2%; doctor consultations, 30.8%; laboratory and diagnostic tests, 11.4%; hospitalizations, 21.0%, and productivity loss, 26.6%. An international comparison demonstrated that expenditures incurred as a result of the pharmacological treatment of hypertension in Poland were much lower than in other countries (i.e. Sweden: 53.3%, USA: 20.7%). Theoretically the total burden of hypertension on society per year amounts to 31 USD in Sweden, 82 USD in the United States and 88 USD in Poland using exchange rates available on January 21, 2000.
CONCLUSION: The results of the analysis demonstrate that hypertension constitutes an important economic burden for the Polish population. The cost of pharmacological treatment represents the lowest percentage of the total cost of hypertension and the smallest portion of direct medical costs. The conclusion is that an optimal allocation of expenditure for pharmacological treatment may contribute to a significant reduction of the total cost of hypertension following the example of other European countries such as Sweden as well as the United States.

PCV25

A COST STUDY OF COMMON PRACTICE TREATMENT FOR CRITICAL LIMB ISCHEMIA IN MOSCOW, RUSSIA

Vorobiov P[1], Avxentieva M[1], Gerasimov V[2], Derkach E[3]
[1]Moscow Medical Academy, Moscow, Russia; [2]Scientific Center for State Control and Expertise of Drugs, Moscow, Russia; [3]Russian Society for Pharmacoeconomics and Outcomes Research, Moscow, Russia

OBJECTIVE: To study costs and effectiveness of common practice treatment for critical limb ischemia at Moscow hospitals.
METHODS: Data was obtained from 105 medical charts from six Moscow hospitals. Inclusion criteria were: criti-